## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>3/25/10</u>	Address:	441 W Elm Street Lot 13
Case #:	<u>52-47990</u>		Lebanon, IN 46052
County:	Boone	i e	<u> </u>
Type of Laboratory Seizure (check one) S		Seizure Location (check all that apply)	
Chemic	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	<ul><li>☐ Hotel/Motel</li><li>☐ Open – No Structure</li><li>☑ Other:</li><li>Mobile home</li></ul>
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply)  Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: Open Air			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Yes _	er age 18 discovered (check one)(number present) port to Child Protective Services	Ephedrin	e <b>Information</b> e/Pseudoephedrine Tracking Log erchant Tip —
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment: <u>Lebanon Fire</u>	Fax: <u>765-4</u>	82-8831
Health Department: Boone Co. Health		Fax: (765) 483-4450	
Child Prote	ction Service:	Fax:	-
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Tom Egler Phone 317-234-4591			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.